

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u>

EMAIL: customerservice.dpr@delaware.gov

VERIFICATION OF LICENSURE REQUEST

	Full Name:					
	First		Middle		Last	
	Phone	City		State	Zip	
	Phone:Day	Evening	Emaii: _			
	Have you been issued a U.S. Social Security Number? Yes \(\subseteq \text{No} \subseteq \text{If yes, enter your SSN:} \) If no, if a U.S. SSN is assigned to you, do you agree to report the SSN to the Delaware Division of Professional Regulation? Yes \(\subseteq \text{No} \subseteq \)					
	License Number in Jurisdic	tion Below:				
	ASBOG exam, enter the	EXAM	DATE TA	KEN JURI	SDICTION WHERE TAKE	
		Fundamentals of Geology				
	information about each part:	Practice of Geology				
_,	The applicant named above had Delaware. We ask your coope	ICATION OF LICENSURE/EXAMINATION – The State Board of Geologists completes this section. e applicant named above has applied for Geologist licensure or approval to sit for ASBOG examination(s) in the State of laware. We ask your cooperation by providing our Board with the following information. cense/Registration Number: Status: Active Inactive				
	Issue Date: Expiration Date:					
	Issue Date:	Expiration Date:				
	Issue Date:	Expiration Date:				
	Issue Date: Did the applicant take the A			DATE TAKEN	SCORE	
	Did the applicant take the A examination in your jurisdic	ASBOG EXAM tion? Fundamentals o		DATE TAKEN	SCORE	
	Did the applicant take the A	ASBOG EXAM tion? Fundamentals o	f Geology	DATE TAKEN	SCORE	

4.	Has your Board taken disciplinary action against the applicant? Yes No If yes , explain below.				
		OFFICIOA	TION		
		CERTIFICAT	IION		
Th	e Board of	of the State of	certifies that the above information is correct		
Siç	nature:	Title: _	Date:		
вС	ARD SEAL				

Please <u>mail</u> completed form *directly* to Delaware Board of Geologists at the address above.